STATE OF MARYLAND—	CERTIFICATE OF DEATH 10830
1. PLACE OF DEATH	182)
County Clarkey	Registration Dist. No. 10
Village or City Mror Charle Ha	end. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs, mos, ds,
11, 10, 7/1/2.	
2. FULL NAME WOYTER MATE	O. Word
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from 195 1, to
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months. Days If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (month and yaar)	Date of onsat  Date of onsat  Date of onsat  December of the onsat
12. BIRTHPLACE (city or town) (State or country)  (State or country)	
13. NAME 450 H along	
13. NAME 120 7 Ology 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
I 15. MAIDEN NAME CLOSTER 6 COGNORLE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME CORRECTION  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Accident, suicide, and anticle Date of injury
18, BURIAL, CREMATION, OR RELIOVAL Place Sharpelle Ch. Data 10/15 1932	Manner of injury
Top Jones Tours	Natura of injury
19. UNDERTAKER LEWIS CAGNIFICA	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED 10 15 , 1934 Em Shaffelear	If sb, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1437	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ile letter un	De "Chorrellan" 1/5/32 to	
Outhornation	F Orlean Call	
- Common and a com	a carry acon	

N.B.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ceu	inty warles	CERTIFICATE OF DEATH
	Bili P	Registration Dist. No. 103
Vill	age or City Millelle gally (No.,	St.; Ward) [If death occurred in
	2 FULL NAME William Briso	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	* COLOR OR RACE   5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	Jan 4 1874	Saw May after Seath
7 A	(Month) (Day) (Year)	that I last saw h alive on
	If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
	O yrs. 8 mos. 2 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:
1 (	CCUPATION  a) Trade, profession, or	acut Interests
pi	ITICHAR kind of work with a could work	
DI	i) General nature of industry siness, or establishment in	
Wi	rich employed (or employer)	(Duration) yyé. mos. de.
9 8	(State or country) It Mary Co nel	Contributory (Rehal) Hemselage
	10 NAME OF SALE Q 7 Billing 1. 3	(Signed) H. O. Montre M. O.
5	11 BIRTHPLACE OF FATHER  12 A A A A A A A A A A A A A A A A A A A	(Address) Halls 1 Sel
RENT	(State or country)	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME CLAS / L Briage	CAUSES, state (1) Means of Injury; and (2) whether Agendental,
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	State or country Mary & Mary	At place in the ef deathyremosds. State,yremosde.
14 TI	TE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	Where was disease centracted,
	7 /2/ 1/2 /20 . 0	tf not at piece of death?
	(Informant) T. T. Billingsley	ucual residence
	(Address) Billingley and	19 PLACE OF BURIAL OR REMODAL DATE OF BURIAL
15	not - who ally n	- 11. Cudele un Oct 4, 1032
File	1 UC 3, 1907// DILLATURE	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material werked on may form part Never return Lecomotive engineer, But in many oases, If retired from The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suiride. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemia," "Weakness, "Anæemia" (mercly symptomatic), "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Concause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopmeumania (accondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping If this certificate is looked over thoroughly and all ques-Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

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should state of OCCUPA.

1. PLACE OF DEATH	
County Allarlesp	Registration Dist. No. 202
Village or City Se'll Jek	No. St., Ward
Length of residence In city or town There deeth occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME & GUISE May	Base .
(a) Residence: No.	St., Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Emale 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Cot (Day) 193 2 (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE oI	
6. DATE OF BIRTII (month, day, end year) Lat 3 32	t last saw h; death is said
7. AGE Pears, Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ploto States
■ ✓ I todustry or business in which	XXXX YOUNG
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	-
12. BIRTHPLACE (city or town) Charles G, Md.  (State or country)	Other Contributory Causes of importance:
13. NAME LOTURES . Bowie	
14. BIRTHPLACE (city or town). Chapter Co. Md. (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mildred B. Flater	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mildred 18. Flater 16. BIRTHPLACE (city or town). Curroll Con Md.	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Solle Joh Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ours Ruale Mybate Oct 4, 1992	Manner of injury
19. UNDERTAKER Dring Bervie Ind (Address) Bruddes Ind	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Coct . 4. 1932 mary Sweether bund	(Signed) Gro. C. Bickenll M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Y.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RITREAU V.	5 - 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10833
County there	Pagistration Diet No. /03
0.00	negistration Dist. NO.
Village or City V 2 Cd	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurred	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Donals le 19	hu
(a) Residence: No. Walded	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SSW 4. COLOR OR RACE   5. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22.   I HEREBY CERTIFY, That I attended dacesed from
Carlo 12 184.	1 last saw h 1 elive on Q t 6 1937 dash is sale
6. DATE OF BIRTH (month, day, and year) 7. AGE 1/2 Years 25 Months Days If LESS than	I last saw h Land elive on Wald Q , 1931; daath is sald to have occurred on the date stated above, at . J . A m.
Jan	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ware as follows
kind of work done, as SPINNER, Houselelepele.	Carolinated high
9. Industry or business in which	horselities and them
work was done, es SILK MILL, SAW MILL, BANK, atc.	of mildel Walnuther
10. Date daceasad last worked at this occupation (month and spant in this	
year) occupation	Othar Contributory Canses of importance:
12. BIRTHPLACE (city or town) A Carry (State or country)	
al Ni (1)	
I 13. NAME Try of Godin	
14. BIRTHPLACE (city or town) Charles County (Stata or country)	Nama of operation
	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Varyland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
(0.000 01 000001))	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	N
Placa St Pilles Date Ct 10, 1932	Mannar of Injury
19. UNDERTAKER HUNDY & POUDO	24. Was diseasa or injury In any way ralated to occupation of deceased?
(Addrass)	If so, specify
20. FILED CA 10, 1902 M. L. M. Registrar.	(Signed) M. D. M. D. (Addrass) M. D. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- MON - V-1932	
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
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F 104 .5

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 10834
County Charles	2	Project Alexander New Alexander
Village or City Alexandre Sungth of residence In city or town where	ide	Registration Dist. No.  No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	daath occurred yrsmo	sds. How long in U.S. If of foreIgn birth?yrsd
2. FULL NAME Man	7. 2. /2017	tre
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (0 - 3/ - 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
& DATE OF BIRTH (month day and man)	7-14-37	10 01
6. DATE OF BIRTH (month, day, and year) / 6.  7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 11
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular		were as follows: Oate of ones
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc		P. As II have been to
< 9. Industry or business In which		Clical March Cont
work was done, as SILK MILL, SAW MILL, BANK, etc	*****	1 1/2 1-1211
- I this occupation (month and	11. Total time (years) spent in this	todalmilles mothers saire I was
year)	occupation	Other Contributory Courses of importance in any the mily
12. BIRTHPLACE (city or town)	2.1.	suntit of thing
(State or country)	el.	
13. NAME ALL Z	Mone	
14. BIRTHPLACE (city or town)	2141	Name of operation Date of
(State or country)	0 1 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many	1 Sy Dent	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	ml,	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	0.00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MALES	siffons uscile	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Hry Blant Canty	Date 1/ -1 - , 19.3.2	Natura of Injury
19. UNOERTAKER 13. J. D. (Addiess) 13. J. D.	y	24. Was disaase or Injury In any way related to occupation of deceased?
20. FILEO 12 - 3 1 -, 19 3 2	L. h. Handon Registrar.	(Signed) La Handan M. I
If move	blanks are needed, address State Registrar	2411 N Charles Street Relimons Passattum 71 S N

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1.

m

15

	1 PLACE OF DEATH
Cou	inty Racles
Vill	age or City / alders (No.
	(110,
	2 FULL NAME George Henry
	PERSONAL AND STATISTICAL PARTICULARS
3 51	EX' 4 COLOR OF RACE 5 SINGLE MARRIED
U	ale Whith WIOOWED TELES
6 D	ATE OF BIRTH
	March 24 1869
7 AC	(Month) (Day) (Year)
A	1 day has
	63 yrs. 6 mos. 24 ds. or min.?
111	CCUPATION  a) Irade, profession, or
) pa	a) Irade, profession, or arbsuler
Opa (L	a) Irade, protession, or irricular kind of wark  b) General nature of Industry Islnass, or a stabilish mant in
Opa (L wi	ar frame, protession, or arricular kind of wark  of General nature of Industry islnass, or a stablish mant in hich employed (or employer)
Opa (L wi	a) Irade, profession, or irricular kind of wark  b) General nature of Industry Islnass, or a stabilish mant in
Opa (L wi	ar frame, protession, or arricular kind of wark  of General nature of Industry islnass, or a stablish mant in hich employed (or employer)
a B pn pn pn	a) Irade, profession, or arricular kind of wark  o) General nature of Industry islnass, or astablishmant in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER Henry Hamilton
Opa (L wi	a) Irade, protession, or arrival and of wark  b) General nature of Industry Islnass, or astablishmant in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER Alexan Alexand Alexandra

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Hamilton Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF OEATH October	12,1932
(Month)  17 I HEREBY CERTIFY, That I atte	nded deceased from
that I last saw h alive on	, 19t,
and that death occurred on the date stat	
The CAUSE OF DEATH * was as follows	rrhage
(Buretian)	V'2 MAR 10
Contributory Cuth ase Secondary Paralypes (Buretion) (Signed)	yrs mos ds.
, 191 (Address) 72	ede El 200
*State the Disease Causino Drath, or, in Causes, state (1) Means of Injury; and (2) Suicidal or Homicidal.	deaths from Viblent whether Accidental,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INC. OR RECENT RESIDENTS) At place in the	STITUTIONS, TRANSIENTS,
of dosthyrsmasds. State, Where was disease contracted, If not at place of doath?	yra mea da.
Formar or usual residence	
19 PLACE OF BURIAL OR REMOVAL O	et 15 1932
20 UNGERTAKER A	DDRESS
Huntly Ryon W	aldorf

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part of the second statement. Nover return "Laborer," "Foreman," "Managor," "Dealer," etc., without more mill; (a) Salesman, (b) Groccry; (a) Foreman, know (a) the kind of work and also (b) the nature of the only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fareman, etc. But in many cases, cian, Compositor, Architect, Lecomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus, to determine definitely. "Puerperal peritonitis," etc. eausc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumenta (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... " "Old Age," "Shoek," "Uracmia," "Weakness," MEANS OF INJURY and qualify as ACCIDENTAL, or misearriage Always qualify all diseases resulting from child-The contributory (secondary or intereuras "Puerperal septichaemia," Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND

	ge or Cifler Berry (No.	Registration Dist. No.
	2 FULL NAME Still BASE	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year
6 DA	TE OF BIRTH Oct 17 1932	I HEREBY CERTIFY, That I attended deceased from 191, to
7 AG	(Month) (Day) (Year)    If LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at
(a) par (b) dus	Trede, prefession, or filcular kind of work.  ) General nature of industry cliness, or establishment in ich employed (or employer).  RTHPLACE (State or country)	(Burelien) yre mes
RENTS	10 NAME OF Carence Pamilton  11 BIRTHPLACE OF FATHER (State or country) Chas Con Mil	(Signed)  , 191 (Address)  State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
	13 BIRTHPLACE OF MOTHER (State or country)  IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant)  ARRELIC D'ARLESTOR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Al piece in the effect of the effect of desth yrs. mes. de. Siste, yre. mns. Where was disease contrected, if not et piece of desth? Former er
16 File	(Address) Halderf red Oct 8, 1324-S. Swars	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. A.

m ż

should be stated EXACTLY. PHYSICIANS

RECORD

PERMANENT BINDING

WITH UNFADING INK-THIS IS

FOR

RESERVED

ZIDE

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, mill; write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Lecomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. (a) Salcsman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. "PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron rent) affection need not be stated unless important cough; ('hronic valvular heurt disease; Chronic interstitial "Tunior" for inalignant neoplasma); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercuras "PUERFERAL septichaemia," Examples: Accidental drowning, State cause for which Never report mere "Exhaustion," ACCIDENTAL wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. See instructions on back of certificate.

TION is very important.

should state

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10837
1. PLACE OF DEATH	93-2
County Charles	Registration Dist. No. 103
Village or City Rel altru	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hablie Harrien	•
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Och 161 , 1932
5a. If married, widowed, or divorced	(Month) (Oey) (Yeer)
HUSBAND of Robert Hawklins	22. I HEREBY CERTIFY, That I allended deceased from  1930 to Cost 15 193 2
6. DATE OF BIRTH (month, dey, and yeer)	I last sew h. See elive on Co. 1 1 1932; deeth is seid
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, et. 3 - C.C.P.m.
42 Rest Kroppen I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Olelstation (Cet 15
9. Industry or business in which	
10. Oete deceesed last worked et this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (city or town) Bel allon Cleus C. M.	Other Contributary Causes of Importance:
(State or country)	-heart years
13. NAME Cleas. Freedur	
13. NAME Cleas. Sweedner  14. BIRTHPLACE (city or town). Class. Co. Mcd.  (State or country)	Name of operation Date of
IS, MAIDEN NAME Before Be	What test confirmed diagnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town) Clean Co Mid  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Roll: It constino (Bre Caste (Address) Class Con Med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Thomas Date 6017, 1932	Manner of Injury
19. UNDERTAKER Character Character (Address) Belalton mil	24. Wes diseaso or injury in eny way related to occupation of deceased?
20. FILEO Oct 16, 1932 - Bhat Or Proly	(Signed) M. D.  (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 10838
1. PLACE OF DEATH	95-6)
County Charles	Registration Dist. No. : 10 4
Village or City Pennsuke 1	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsnucs.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME In any Bresser In	NS 6-14-1
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Fay) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cor) WIFE of Lendany	22. HEREBY CERTIFY, That I attended deceased from
	I last saw had alive on 62 2 1972; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-20 C.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
62 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	dian discus
SAWYER, BOOKKEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this year)	
Dunadky	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James Agann	
E O n	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Country Small  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHINES 2 Symmetry (Address) 5 20 cleans head his	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Will Cerus Comme Och , 19 3	Nature of injury
19. UNDERTAKER Johns & Brauns	24. Was disease or injury in any way related to occupation of deceased?
(Addiess)	(Signed) Le W. Musefull M. D.
20. FILED 19 - 4 , 19 3 2 Y lungh W. Bur. Registrar.	(Signed) M. C. Address & M. D. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, is ill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

: Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. should state

1. PLACE OF DEATH			
County Charles		Registration Dist. No. 70 8	2/0
Village or City	(lí	No. St., f death occurred in a hospital or institution, give its NAME instead of street and numl . ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME John	Mann Son		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and Stat	te
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  19.	(Yeer)
5a. If married, widowed, or divorced HUSBANO of (er) WIFE of Classes	uifer 1020	22. I HEREBY CERTIFY, That I attended dece  AUL 6, 19.32 to 6.19.32 de  Wast saw h annalive on 19.32 de	19.32
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3	0eys   If LESS than   1 day,hrs.   ormin.	to have occurred on the date stated above, at /2_//Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 -	Other Contributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	parting Co. Mil	Name of operation	psy?
15. MAIOEN NAME Alece  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Mallhers Co. Dra Lyon Bourna	23. If death was due to external courses (MOL MCE) fill Invalse the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Argantan	Oate 10/3 ,193 2	Manner of Injury  Nature of Injury	
19. UNDERTAKER Death as (Address)	of August mo	24. Was disease or Injury In any way related to occupation of deceased?	M D
20. FILEO 10 1 2 2 19 (0.00 C)	a kkllav Registrar.	(Address) - LAMPARAL DUNCA	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, took—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921. Run over by street car 1 week ann Cerebral hemorrhage Julu 5.1927 Perttonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

Exact statement of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 10040
County Charles	Registration Dist. No.
Length of residence in city or town where death occurred vrs b_ mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (932	I last saw h. 2 alive on Cist 22 , 193 2 death is sald
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et
8 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
11. Total time (years) spent in this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Of 10
II 13. NAME GREETER Jones	Ladlan Las Baralas 1.0.da
13. NAME  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
# 15. MAIDEN NAME Name & Thomas	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Classe Co Need (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Classical I Company and , (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Det Date Oct 244, 1932	Manner of injury
19. UNDERTAKER Llang 9. Plny (Address) a Plata mg	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Quet 2319 3, 2 Dillian Woody, Registrar.	(Signed) M. D. (Address) M. B.

CTATE OF MADVIAND CEDTIFICATE OF DEATH 10040

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state item of infor-

	SEDTIFICATE OF DEATH
STATE OF MARYLAND—	CERTIFICATE OF DEATH 10841
1. PLACE OF DEATH	52-60
County Charles	Registration Dist. No. PO!
	No. St Ward
Village or City Include Mead.	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME WEEKY Q, Sore	lau.
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEN / 14. COLOR OR, RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 10-1-
Male Black Orarried	UCT. 01, 1932
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Marah Lordon.	22. HEREBY CERTIFY, That I attended deceased from
(4), 1112.51	Wet 19 19 32 10 19
6. DATE OF BIRTH (month, day, and year) Kuly 27.1878.	I last saw haralive on U.St. 19. 1932, death is said
7. AGE Years Months / Oays If LESS than	to have occurred on the date stated ebove, at
54 use 3 4 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade profession or perticular	Corebral Himmorkage Oate of onset
O Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Court of Cou
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased lest worked et this occupation (month end spent in this	J. 170 J. 18
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Clearlie Co, Mid.	Office Courrbutory Causes of Importance.
(State or country)	
13. NAME Blugustus Lordon.	
13. NAME Aliquettus fordom:  14. BIRTHPLACE (city or town) Churche Co. Mid.	Name of operation Date of
[ 14. BIRTHPLACE (city or lown) (State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME USULTION	23, If death was due to external causes (VIOLENCE) fill in elso the following:
H	Accident, suicide, or homicide?Date of Injury19
O 16. BIRTHPLACE (city or town)  (State or country)	
On . A.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Where I Saucech	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Enclion Thead, My.	
18. BURIAL, CREMATION, OR REMOVAL AND MOV 5 .32	Manner of injury
riace	Nature of injury
19. UNDERTAKER W. J. Brown.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pomonkey Md	If so, specify
20. FILED MINE 3 , 1932 Many Suntherland	(Signed) Sio, C., Gullrull M. D.
20. FILED FLOW	(Address) (Marluy Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nofic.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t tolerand	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURLAU V. S	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	٠
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10842
1. PLACE OF DEATH	(84)
County ellarles	Registration Dist. No. 102
Village or City houcastly	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. flow long In U.S. If of foreign birth?mrsds.
2. FULL NAME Thomas Mills	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (Twice the word)	21. DATE OF DEATH OF (Oay) 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Note  No	I last saw halive on
15. MAIOEN NAME Marie Silvy  16. BIRTHPLACE (city or town) Clarke Co. M.d.  (State or country)  17. INFORMANT Francis H. Mills  (Address) New Brunswick U.J.  18. BURIAL, CREMATION, OR REMOVAL  Place Mayering M.d. Date Oct. 13, 1902  19. UNDERTAKER Burth Models Registrar.	23. If death was due to external causes (VIQLENCE) fill in also the following:  Accident, suicide or homiside? Accident Oate of injury and State)  Where did injury occur? Accident Market Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  11 so, specify  (Signed)  (Address)  M. D.  (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(83)	0843
County Charles		Registration Dist. No. 10	
Village or City Gray	are ma	NoSt.,	Ward
Langth of residence In city or fown where death occurr	red funt lenni-	NO. St.,St.,St.,St.,St. St.,St. St.,St. How long in U.S. if of foreign birth?yrsmm	oumber)
2. FULL NAME James	2 mont	yomery	
(a) Residence: No. (Usu	al place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced the same of Mes James Month	gomern	22. I HEREBY CERTIFY, That I attanded	
6. DATE OF BIRTH (month, day, and year) Row	Jenow"	I last saw h. Luc. alive on 04 3 ,1932	; death is said
	ys If LESS than	to have occurred on the date stated above, at	
35	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	20	]	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and	w nand	fluetal aslace	
work was done, as SILK MILL, SAW MILL, BANK, atc		J	
Date deceased last worked at this occupation (month and year)	Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Charle	· Ca.	Other Contributory Causes of importance:	
(State or country)		hies.	
II 13. NAME Willie Most	Lowery		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)		Name of operation	
	00	What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	wh.	23. If daath was due to axtarnal causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide? Date of injury	
17. INFORMANT MAS James Monte (Address) Granto Monte	gomeny	Where did injury occur?  (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place MATTER DATE  Date	ct 62 1932	Manner of injury	
19. UNDERTAKER Wintt and Ryan (Address) Waldow Du		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Oct 62 1932 Fillian V	Proces	(Signed) A Plata WA	M. D.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation. 10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

ot the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Other contributory causes of importance: Gallstones	8261,1 yoM	Other contributory causes of importance:	Tool! I
		JRECE.	
Cerebral hemorrhage	LZ6I, Elilul	The second second	g qails ago
Chronic interstitial nephritis	1261	Kun over by street car	I week ago
Arteriosclerosis	9161	Anack of epilepsy	I week ago
The principal cause of death and related causes of importance were as follows:	feano to stad	of importance were as follows:	teano to ested
Exsmple 1		Example II	

MARGIN RESERVED FOR BINDING

19. UNDERTAKER (Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Charles County	Registration Dist, Np. 103844
Village or City Wicomico	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mr. Robert Haury F	enn.
(a) Residence: No. VV (Usual place of abode)	Used.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DiVORCED (write the word) Marked.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of her way topha Penn	22. IHEREBY CERTIFY, That Vallended deceased from October 32, 1932 to Defoter 5, 1932
6. DATE OF BIRTH (month, day, and year) March 7, 1854	I last saw hat alive on C. 4. 3 , 1932; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
78 78 6 30 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:  Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9 Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific property).	Hypertensive cardio-reval March
9 Mustry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.	Gascular disease 1932
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Charles Co, Marylan (State or country)	Other Contributory Canses of importance:
I 13. NAME Mr. Henry Penn	
14. BIRTHPLACE (city or town) Clarke or country)	Name of operation Date of
# 15. MAIDEN NAME Wiss Comment	23. If death wes due to external causes VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clarkes Co- (State or country)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IV. Ville Inlied John Charles Co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Belle H. Mayber Oct. 7, 1937	Manner of injury
1000	

Registrar.

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

(Address) - Meekanics

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

die i

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
DENVED!			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
J. am	taking Wr. G. C. Welch & MD practice for
a star	berief and be las being attending
Also de	and sure March 1932
	Dr. &Marmon Less (2)
	( meetamenville med

infor state UPA	1. PLACE OF DEATH	CERTIFICATE OF DEATH 10845
=		100
3.0	County A age	Registration Dist. No. / C
.= 0	Village or City Tay Lalo	NDSt.,Wall death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where doubt occurred	ds. New long in U.S. if of foreign birth?yrs
Eve	2. FULL NAME Sullborn Dyan	Le Croclor
	(a) Residence: No. La Plate Ing-	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
RECO PH Exact	3. SEX 14. POLOR OR MACE   5. MINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
EX.	Tancal Cal Divorced (write the word)	Ver 16- 1932
	5a. If married, widowed, or divorced HUSBAND	(Month) (Day) (Year)
TDING MANEN A C T I assified	(or) WIFE on allowing williams	22. I HEREBY CERTIFY, That I attended deceased fro
A Ext.	a sum of the sum of th	, 19, to, 19
PE PE II F	6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS then	I last saw h alive on, 19; death is se
FOR B. IS A PE stated E properly certificate	1 day,hrs.	to have secured on the dete stated ebove, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
20	8. Trede, profession, or particular	were as follows:
HIS pe pe ef ef	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	X
SERV] VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL,	Milloon
INK.	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	this occupation (month and year)	
	12. BIRTHPLACE (city or town) Las. O. M.	Other Contributory Causes of Importance:
RGIN IFADI olied. ms, se	(State or country)	no Physician in attendance
	13. NAME 13. NAME 13. NAME	
	14. BIRTHPLACE (city or town) There: Co md	Name of operation Dete of
Title .	(Stete of Country)	What test confirmed diagnosis? Was there an autopsy?
an in an	15. MAIDEN NAME Cala Proctor 16. BIRTHPLAGE (city or town) Chase Co. md=	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
car TH ports	16, BIRTUPLAGE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AINLY, id be car DEATH y import	taik 4. 7/14	Where did injury occur? (Specify city or town, county and State)
3 PLA Should OF D	17. INFORMANT/CO CAddress)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
FE PL shoul E OF is ver	18. BURIAL CREMATION OR REMOVAL	Manner of Injury
ion USE	Place, Date Date 1937	Nature of Injury
WRITE  WATION SI  CAUSE TION IS	19. UNDERTAKER AS STATES actions	24. Was disease or injury in any way related to occupation of deceased?
B. B.	(Appless) -/4 La Plata mg	If so, specify
% × X	20. FILEO C/6" 1937 Nellian Tosey	(Signed) Lillian I Tool M.
	Registrar.	(Address) & All Lata Ma
	a) more viaturs are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1932

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Citusiones	May 1,1925	THOU DE THE	1 ye

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pluods

1. PLACE OF DEATH

/	Length of residence in city or town where death occurred S. yrs. 3.  2. FULL NAME Charleie May  (a) Residence: No. Raymund (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  For DATE OF BIRTH (month, day, and year)  5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of Policie Of Grand Policie Or Wife of Or State Of BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hor min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month, and year) Spent in this occupation Society of the work was done, as StLK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month, and year)  12. BIRTHPLACE (city or town) Clabarua (near bado, (State or country)  13. NAME Mott Pollard  14. BIRTHPLACE (city or town) Muchanian (State or country)  15. MAIOEN NAME Mahalada Melsone	Registration Dist. No. 106
Village or City Jundian Med No.  (If death occurred in a horpital or institution, give its NAME instead Length of residence in city or town where death occurred Dyrs, J. mos.  2. FULL NAME  (a) Residence: No.  Agruind  (businglace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORGED (curriet the wyfrd)  Se. If married, widowed, or divorced HUSBANO of Corp. Wife of Order Orde	death occurred in a hospital or institution, give its NAME instead of street and number)	
	4 0 . 1-	ds. How long in U.S. If of foreign birth? yrsmos
		duis
	//	St., Ward. — If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	OR DIVORCED (write the word)	Delober 7 193
	HUSBANO of John Jefferson Suns	22. I HEREBY CERTIFY. That t attended decease  July 1932, to Detaker 19
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:14 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
1	12. BIRTHPLACE (city or town) alabama (neas badole (State or country)	Other Contributory Causes of impostance: bronclitis
	14. BIRTHPLACE (city or town) Unlessource (State or country)	
	15. MAIOEN NAME Mahulda Nelson  16. BIRTHPLACE (city or town) alabama (place (State or country) mukumus (place)  17. INFORMANT Mus. Charleie May Klaas	23. If death was due to external causes (VtOLENCE) fill in also the following:  Accident, suicide, or homicide?
	18. BURIAL, GREMATION, OR REMOVAL	• • • • • • • • • • • • • • • • • • • •
-	19. UNDERTAKER Struct & Regard. (Address) Waldout, Myd.	24. Was disease or injury in any way related to occupation of deceased?
	20. FILEO Est 7 , 1832 / 6 Dunningford	(Signed) Xa Jane

STATE OF MARYLAND-CERTIFICATE OF DEATH

That t attended deceased from

- Was there an autopsy? Tel

of injury\_\_\_\_\_\_ 19\_\_

, 19 3 2 ; death is sald

Oate of ogset

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	Example I		Example II	
The principal cause of of importance were as i	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 4 1009	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURHAU V A	July 5,1927	Peritonitis	3 days ago
			5 h	
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			F	

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH	
1. PLACE OF DEATH	82-0 10847	
County Charles	Registration Dist. No. 106	
Village Dr City Slymout, Mo	- No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)	
// ^	ds. How long In U. S. if of foreign birth?yrsmos	
2. FULL NAME General Quist		
(a) Residence: No. Slestwort Mr	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Clober 15 193 (Year)	
5a. If married, widowed, or divorced HUSBAND of Maague Suith	22. I HEREBY CERTIFY. that attended deceased	
(or) with the gard or with	on Oct. 12 1932 to 19	
6. DATE OF BIRTH (month, day, and year) unlumn	Affast saw h. Liny alive on Oct. 12, 1932 death is	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9130 Pm.	
about 60	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER. Communa Cabor SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL.	Cerebial hemonthage Oct.	
Industry or business in which	0	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupation (month and year)	40	
	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
5 5 -	1	
(State or country)	Name of operation	
	What test confirmed diagnosis? Was there an autopsy? 2	
	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	Where did injury occur?	
e - × -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
(Address) Indian Nead Md.		
18. BURIAL, OREMATION OR HEMOVAL	Manner of injury	
Place Elynum, Mate 9ct. 18, 1933	Nature of Injury	
Of the Paris	24. Was disease or injury in any way related to occupation of deceased? No	
19. UNDERTAKER Tames Terring Med.	If so, specify	
	(Signed) (Signed)	

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		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 4 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EURRAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be

should state

Exact statement of OCCUPA-

properly classified.

N. B.—WRITE PLAINLY,

County Market	2 h t		ration Dist. No. 103
Length of residence in city or town where d	0	death occurred in a hospital or institution, give its	
(a) Residence: No.	(Usual place of abode)	St.,Ward.	resident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
SEX female 4. COLOR OR RACE Colord	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct	(Day) , 198 2 (Year)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of			TIFY. That I attended deceased for
. DATE OF BIRTH (month, day, and year)	chi 3 20 1932)		; death is s
Still Born Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at.  The PRINCIPAL CAUSE OF DEATH and relat were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	- Suite	on no
andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-	
O Dato deceased last worked at this occupation (month and year)	11. Total time (years) spant In this occupation		
2. BIRTHPLACE (city or town) Possy (State or country)	bet, Md.	Other Contributory Causes of importance:	
13. NAME Juse hta - E.	Thomas		
13. NAME Josepha E.  14. BIRTHPLACE (city or town) 2/1	-	Name of operation	Date of
(State or country)		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Lda E  16. BIRTHPLACE (city or town) (State or country)	dyer Id	23. If death was due to external causes (VIOLE Accident, suicida, or homicide?	Date of injury, 19
7. INFORMANT Chiga Pk (Address) Whate Pk	ains, md.	Specify whether injury occurred in INDUSTR	f, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place At Home	Date 6 ct 22 1932	Manner of injury	
9. UNDERTAKER The Falls (Address)	er f. Fromas	24. Was diseasa or injury in any way related t	o occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage 8 A DY 38 113	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

OCCUPA

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1. PLACE OF DEATH

	(a) Residence: No. 130 9- U	(Usual place of abode)	If nonresident give city or town	and Stat
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATI	4
te 5a. If	male White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word		, 19
	(or) WEE of her a.	Totten	22. I HEREBY CERTIFY, That I atten	
6. DA	ATE OF BIRTH (month, day, and year)	ex. 15-1893		
7. AG		Days If LESS tha		
-	2/ 804.	0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	7 0
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sales-ledy.	of two outers, on bulling fail out 1	usion,
CCUPATION	9 Industry or business in which work was done, as SILK MILL,	estex call	Jalin Concussion of D	721
100	SAW MILL, BANK, etc	0/4 11. Total time (years)	Broken mack, with	
1	year)	occupation	Other Cantibutory Cruses of Importance:	
12. B	(State or country)	Lington De	Louis G. al Chier	ry
ER	13. NAME 600. L. N	olon	acting Coconey	(-/-
FATHER	14. BIRTHPLACE (city or town)	coherylow of	Name of operation	of
-	(State or country)  15. MAIOEN NAME TO accus	Callan	What test confirmed diagnosis?	
MOTHI	16. BIRTHPLACE (city or town)	0 7 .0	23. If death was due to external causes (VIOL ENCE) fill in also the follo Accident, suicide, or homicide?	
MOTHER	(State or country)	okujua N	Where did injury occur? Laturean Mason Springer 1	
	NFORMANT TOTY . a.	Tollen	Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC	PLACE.
17, IN	(Address) BURIAL, CREMATION, OR REMOVAL	o m	Head, Charles County, more fand; on Public The	ghiva
19. U	Place MU gom.	Coate //00 / 19	Nature of injury Died at seene of acciden	t.
19. U	INDERTAKER Seo. gr	erhurst	24. Was disease or injury In any way related to occupation of deceased	
	(Address)	24	If so, specify	
20. FI	ILEO 6 21 30 , 1932 16 G	Registrar	(Signed)(Address)	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Length of residence in city or town where death occurred \_\_\_\_\_\_yrs. \_\_\_\_\_mos. \_\_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_\_ds.

Registration Dist. No.

No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of imposince: .		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Charles:	Registration Dist. No. /
Village Dr City	NoSt.,Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
	ing.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 10 .193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Widding.	22. I HEREBY CERTIFY. That lattended deceased from 1932 to CL 1932
6. DATE OF BIRTH (month, day, and year) Nov. 18.1881	I lest saw h gralive on Oct 9, 1932; death is seid
7. AGE Years Months Days of LESS than 1 tay	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Rulmonant Cuberculoses
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this organation (month end)  11. Total time (years) spent in this	
10. Date deceased last worked at this occupation (month end yeer)   11. Total time (years)	
12. BIRTHPLACE (city or town) Chevrlee Cv. Ind.  (State or country)	Dther Contributory Cames of Importance:  Orr, Rephretis
# 13. NAME Jury Delogier	
13. NAME General Relogion  14. BIRTHPLACE (city or town).  (State or country)	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Caroline Robey	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charle Ce. Ind.	Accident, suicide, or homicide?
17. INFORMANT William Wedding.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, DR REMOVAL Place Pisqui Md. Date Oct 12, 1932	Manner of injury
19. UNDERTAKER Hunt & Person. (Address) Waldowg And	24. Was disease or injury in eny way releted to occupation of deceesed?    If so, specify
20. FILED Och 1/- 1932 Many Swelferland.	(Signed) Seo. C. Bickinell, M. M. (Address) Markery Md.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Q.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage P.UKRAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 œ, See instructions on back of certificate.

TION is very Important.

should state of OCCUPA.

1. PLACE OF DEATH	10030
County Charles.	Registration Dist. No. / CO
	NoSt., Ward
1 D William	occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John allen Wen	k.
(a) Residence: No. Japlata Min. 3 (Usual place of abode) ( 5th lies	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	DATE OF DEATH October 13, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 16, 1851 11as	st saw h alive on OCE // ,1932; death is said
7. AGE Years Months Days If LESS than to h	have occurred on the date stated above, at 6 200 p.m.  PRINCIPAL CAUSE OF DEATH and related causes of Importance re as follows:  Date of onset
8 Trade profession or particular	Date of duset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this pecuation (month and	Chronic arterior clerosis.
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Charles Co. Oth	ner Contributory Course of importance:
14. BIRTHPLACE (off) or town) Charles Co. Nan	me of operation
YYIII	at test confirmed diagnosis? Was there an autopsy?
	f death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) . Acc	cident, suicide, or homicide?, 19 ere did injury occur?, 19
MADE AF	(Specify city or town, county and State) ecify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
to pupilat option of presonal	nner of injury
DIATE VINILO 4 DA 186 / 1 - 1032/	ture of injury
19. UNDERTAKER ACUTY Ch Penny A 24. V	Was disease or injury in any way ralated to occupation of deceased?
20. FILE OCT 11 1937 Lelian V. Gores	(Signed) James & notar M. D
If more blanks are needed, address State Registrar, 2411 I	N. Charles Street Ratismore Requesting 71 S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRAISOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 10851
1. PLACE OF DEATH	7	(P)
County	rlie	Registration Dist. No. 102
Village or City Cross	Coals	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	leath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mag	gie E. Nel	Lett.
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATIST		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Frank mit	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J.	belliett	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	wknown	last saw h exalive on OAT 15 1932 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 5 Pm.
67	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at home	CABONIO SA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et		- Carrier Long Control Control
10 Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupetion	
7001)	j occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1/411/	
1 - /	Joly-	asking Cidamon
13. NAME HERRY 11.	lenoun!	Name of operation Date of
(Stete of country)	, , ,	What test confirmed diagnosis? Alaskal Was there an autopsy?
16. BIRTHPLACE (city or town)	N. +lours	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	zul -	Accident, suicide, or homicide?
17. INFORMANT ENNACO 2	velent	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cropo Ro	als	
18. BURIAL, CREMATION, OR REMOVAL	Date ON 29 193	Manner of Injury
19. UNDERTAKER ACCUERTY Y	Myra	24. Was diseese or Injury in any way related to occupation of deceased?
20. FILED OCT 2 Sto 3 2	maddo	(Signed) A. O. Mours M. D.
	Registrar.	(Address) Walderf with
VIf wore	blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I

1915	Attack of epilepsy	1 week ago
1921		
1001	Run over by street car	I week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5, 1927 Peritonitis  Other contributory causes of importance:

M	RD. Every item of infor-	YSICIANS should state	statement of OCCUPA-	
3	r RECOI	Y. PH.	Exact	
INDING	RMANENT	XACTL	classified.	
FOR B	IS A PE	stated E	properly	certificate
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH			
	Registration Dist. No. 100			
Village or City Bel acton, md.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)			
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  108			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Married, widowad, or divorced  4. COLOR OR RACE OR DIVORCED (write tha word) Single  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)			
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended daceesed from ,19 ,19 ,19			
6. DATE OF BIRTH (month, day, end year) Oct 4.1932	l lest saw h alive on, 19; daath is said			
7. AGE Years Months Days If LESS than I day, hr	to have occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNÉR, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  Oata dacaased last worked at this occupation (month and search in this programme).				
work was done, as SILK MILL, SAW MILL, BANK, etc.	Stillborn			
Oata dacased last worked at this occupation (month and year)  year)  Oata dacased last worked at spent in this occupation (month and year)				
12. BIRTHPLACE (city or town) Belalton, Chas Co. md. (State or country)	Other Contribotary Caoses of Importance:			
13. NAME Joseph Lancaster				
13. NAME Joseph Lancaster  14. BIRTHPLACE (city or town) Bel altm, Chas. Co. md.  (State or country)	Name of operation			
15. MAIDEN NAME Dorothy Wills	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
15. MAIOEN NAME Worothy Wills  16. BIRTHPLACE (city or town) Bell all Chas Co. md.  (Stata ar country)	Accident, suicida, or homicide?			
17. INFORMANT Nannie Kelley. (Addrass) Belalton, may	(Specify city or towo, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place at Home Oete Oct 5 ,193:	Mannar of injury			
19. UNDERTAKER Joseph Laurester (acting undertaken) (Address) Belalton md.	24. Wes disease or Injury In any way releted to occupation of dacaased?			
20. FILEO Oct 5 1932 M. D. Hayden	(Signed) M. D. Hayden D. P. M.D.			

(Address) \_

D. P. Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ample II	CY OF
ath and related causes lows:	Date of onset
2001 Zi /	1 week ago
I CI States	1 week ago
	3 days ago
of importance:	1 year

V. S. No. 1

2

Place A

(Address)

20. FILED 10-17-

19. UNDERTAKER

state

OCCUPAplnods of

item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10853
1. PLACE OF DEATH	
County Cherles	Registration Dist. No.
Village or City gaethurs	No. St., Ward
	II death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I Sami & F. Helson	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE  S. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Pury Walmer Jr	22. 1 HEREBY CERTIFY, That I attended deceased from  Oct 7 ,1932 , to Cert 15 ,1932
5. DATE OF BIRTH (month, day, and year)  AGE Years  Months  Days  If LESS than 1 day,hrs. 0 ormin.	I last saw h_ see alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Carrier Marie Cot
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Junfolding rolle (State or country) Class Co Jud	Other Contributory Causes of importance:
13. NAME William Justle treve	
14. BIRTHPLACE (city or town) Class Cy fleet,	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, SR. REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	==1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		NAL AND STAT			LARS
3 5	7	4 COLOR OR RAC	WID	RRIED, — OWED DIVORCED ite the word)	
6 D	ATE OF BIRT	au	(-G	26	, <i>†</i>
7 A	3E	yrs S	mos	(Day)	If L 1 day
	10 NAME O	Claren	10.	Sen	41
NTS	11 BIRTHPI OF FATE (State of	LACE Y	ed		
PAREN	12 MAIDEN OF MO	THER LAR	e -	you	in

PLACE OF DEATH

County

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.... St.;..... Ward) If death occurred in a hespital or institution. give its NAME instead of street and number. ] MEDICAL CENTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended deceased from that I last saw h ..... alive on and that death occurred on the date stated above, at ..... The CAUSE OF DEATH \* was as follows: (Durellon) Contributory Secondary (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the of death \_\_\_\_\_\_yre. \_\_\_\_mee. \_\_\_\_ds. State, .....yre. ..... moe. ..... Where wee disease contracted, If not al place of death?.... Former or usual residence.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

er both of thints for dated both

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Parm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fareman, etc. But in many cases, cian, Compositor, Architect, Lecomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully many occupations a single word or term on the For persons who have no occupation whatever, therefore an additional line If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumania (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL seplichaemia," Examples: Accidental drowning; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ence. All the data is essentia the certificate is permanently i